

# 2011 MONTHLY PREMIUMS FOR FULL-TIME EMPLOYEES

2010 PRESENT RATES

## CHOICE PPO PLAN (80/20)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$429.00	\$368.00	\$61.00	\$30.50	\$732.00	\$30.50	\$15.25
Family	\$1,217.00	\$1,001.00	\$216.00	\$108.00	\$2,592.00	\$168.00	\$84.00

## CHOICE PLUS PLAN (90/10)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$763.00	\$368.00	\$395.00	\$197.50	\$4,740.00	\$225.50	\$112.75
Family	\$1,819.00	\$1,001.00	\$818.00	\$409.00	\$9,816.00	\$578.00	\$289.00

## COPAY CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$480.00	\$368.00	\$112.00	\$56.00	\$1,344.00	\$80.50	\$40.25
Family	\$1,391.00	\$1,001.00	\$390.00	\$195.00	\$4,680.00	\$328.00	\$164.00

## BASIC CHOICE PLAN (50/50)

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$368.00	\$368.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$1,001.00	\$1,001.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## DENTAL CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$95.00	\$85.50	\$9.50	\$4.75	\$114.00	\$9.50	\$4.75
Family	\$170.00	\$136.00	\$34.00	\$17.00	\$408.00	\$34.00	\$17.00

## DENTAL CHOICE PLUS PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$110.00	\$85.50	\$24.50	\$12.25	\$294.00	\$24.50	\$12.25
Family	\$250.00	\$136.00	\$114.00	\$57.00	\$1,368.00	\$114.00	\$57.00

## PREVENTATIVE CHOICE PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck*	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck*
Single	\$85.50	\$85.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$142.00	\$136.00	\$6.00	\$3.00	\$72.00	\$6.00	\$3.00

## BASIC VISION PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck
Single	\$4.86	\$4.35	\$0.51	\$0.26	\$6.12	\$0.51	\$0.26
Family	\$13.42	\$6.79	\$6.63	\$3.32	\$79.56	\$6.63	\$3.32

## VISION PLUS PLAN

	Total Monthly Premium	City Monthly Contribution	Employee Contribution	Per Paycheck	Total Yearly Premium Cost to Employee	Employee Contribution	Per Paycheck
Single	\$8.30	\$4.35	\$3.95	\$1.98	\$47.40	\$3.95	\$1.98
Family	\$22.88	\$6.79	\$16.09	\$8.05	\$193.08	\$16.09	\$8.05